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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PR60715USw Attorney Docket Number DECLARATION FOR UTILITY OR David Harold DREWRY First Named Inventor DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit with Initial Filing (surcharge) (37 CFR 1.16 (e)) Filing Examiner Name required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CHEMICAL COMPOUNDS (Title of the Invention) the specification of which is attached hereto was filed on (28 January 2005) as United States Application Number or PCT International Application Number PCT/US2005/003478 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-In-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Certified Copy Attached? Foreign Filing Date **Priority Not** Country Number(s) (MM/DD/YYYY) Claimed YES NO

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

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PTO/SB/01 (08-03) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DECLARATION – Utility or Design Patent Application** Customer Number 23347 Direct all correspondence to: Correspondence address below Name Address City State ZIP Telephone Fax Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]) Or Surname David, Harold **DREWRY** Inventor's Date Signature Residence: City State Country Citizenship US NC US Durham Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Dept, Five Moore Drive, PO **Box 13398** Country City ZIP State NC Research Triangle Park 27709 US NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name Or Surname (first and middle [if any]) Robert, Neil, III HUNTER Inventor's Date Signature Residence: City State Country Citizenship Durham NC US US

Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Dept, Five Moore Drive, PO Box 13398 City State ZIP Country Research Triangle Park NC 27709 US

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4		
Name of Additional Joint Inventor, if any:		A petition has been filed fo	or this unsigned inventor	
Given Name (first and middle [if any])		Family N	lame or Surname	
David, Kendall			JUNG	
Inventor's Signature			Date	
Residence: City Durham	State Country NC US		Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corpo PO Box 13398,	rate Intellectu	ial Property Department	, Five Moore Drive	
City Research Triangle Park	State NC	ZIP 27709	Country US	
Name of Additional Joint Inventor, if any:		A petition has been filed for	or this unsigned inventor	
Given Name (first and middle [if any])	Family i	Name or Surname	
James, Andrew		LINN		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Durham	NC NC	US	US	
Mailing Address c/o GlaxoSmithKline, Fi	ve Moore Dr	ive, PO Box 13398		
City Research Triangle Park	State NC	ZIP 27709	Country	
Name of Additional Joint Inventor, if any:		A petition has been filed f	or this unsigned inventor	
Given Name (first and middle [if any])	Family Name or Surname		
Clark			HON	
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
King of Prussia	PA	US	US	
Mailing Address c/o GlaxoSmithKline, Fi	ve Moore Dr	ive, PO Box 13398		
City Research Triangle Park	State NC	ZIP 27709	Country US	

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>4</u>			
Name of Additional Joint Inventor, if any:		A petition has been filed for	this unsigned inventor	
Given Name (first and middle [if any])		Family Na	ame or Surname	
Robert, A.		STA	VENGER	
Inventor's Signature			Date	
Residence: City King of Prussia	State PA	Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corporate	e Intellectual Pr	operty Department, Five Mo	ore Drive, PO Box 13398,	
City Research Triangle Park	State NC	ZIP 27709	Country US	
Name of Additional Joint Inventor, if any:		A petition has been filed fo	r this unsigned inventor	
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature Residence: City	State	Country	Date Citizenship	
residence. Oity	Otate	Country	Ottizensnip	
Mailing Address c/o GlaxoSmithKline, Corpora	Υ			
City	State	ZIP	Country	
Name of Additional Joint Inventor, if any:		A petition has been filed for	r this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address			•	
City	State	ZIP	Country	

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Prior Foreign Application	Country	Foreign Filing Date	Priority Not	Certified Cop	-
Number(s)		(MM/DD/YYYY)	Claimed	YES	NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

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Direct all correspondence to:	Customer Nu	mber 23347	OR 🗌 C	Correspondence address below
Name				
Address				
Cîty		<u>-</u>	State	ZIP
Country	Tele	phone		Fax
I hereby declare that all statements belief are believed to be true; and fullike so made are punishable by fine jeopardize the validity of the applica	rther that these s or imprisonment	statements were , or both, under	made with the knowledge I8 U.S.C. 1001 and that se	that willful false statements and th
NAME OF SOLE OR FIRST IN	/ENTOR:	A petition has	been filed for this unsign	ed inventor
Given Name	<u></u>		Family Name	
(first and middle [if any])			Or Surname	
David, Harold			DREWRY	
Inventor's Signature x				Date
Residence: City		State	Country	Citízenship
		1		
Durham Mailing Address		NC	us	บร
	Corporate	<u> </u>		
Mailing Address c/o GlaxoSmithKline, Gl		Intellectua	Property Dept,	Five Moore Drive, PO
Mailing Address c/o GlaxoSmithKline, Gl		State NC	Property Dept,	Five Moore Drive, PO Country US
Mailing Address c/o GlaxoSmithKline, Gl		State NC	ZIP 27709	Five Moore Drive, PO Country US
C/o GlaxoSmithKline, GBox 13398 City Research Triangle Park NAME OF SECOND INVENTO		State NC	ZIP 27709 Seen filed for this unsignation.	Five Moore Drive, PO Country US
c/o GlaxoSmithKline, GBox 13398 City Research Triangle Park NAME OF SECOND INVENTO Given Name (first and middle [if any])		State NC	ZIP 27709 Seen filed for this unsigned Family Name Or Surname	Five Moore Drive, PO Country US
C/o GlaxoSmithKline, GBox 13398 City Research Triangle Park NAME OF SECOND INVENTO Given Name (first and middle [if any]) Robert, Neil, III Inventor's		State NC	ZIP 27709 Seen filed for this unsigned Family Name Or Surname	Five Moore Drive, PO Country US ed inventor
C/o GlaxoSmithKline, GBox 13398 City Research Triangle Park NAME OF SECOND INVENTO Given Name (first and middle [if any]) Robert, Neil, III Inventor's Signature		State NC A petition has	Property Dept, ZIP 27709 s been filed for this unsigned Family Name Or Surname HUNTER	Five Moore Drive, PO Country US ed inventor Date (6/28/04
C/o GlaxoSmithKline, General Box 13398 City Research Triangle Park NAME OF SECOND INVENTO Given Name (first and middle [if any]) Robert, Neil, III Inventor's Signature Residence: City Durham Mailing Address c/o GlaxoSmithKline, General Box 13398	R: [State NC State NC State NC NC	ZIP 27709 s been filed for this unsigned Family Name Or Surname HUNTER Country US	Country US Date Citizenship US
Co GlaxoSmithKline, Gox 13398 City Research Triangle Park NAME OF SECOND INVENTO Given Name (first and middle [if any]) Robert, Neil, III Inventor's Signature Residence: City Durham Mailing Address	R: [State NC State NC State NC NC	ZIP 27709 s been filed for this unsigned Family Name Or Surname HUNTER Country US	Country US Date Citizenship US

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4		
Name of Additional Joint Inventor, if any:		A petition has been filed t	for this unsigned inventor	
Given Name (first and middle [if any	Given Name (first and middle [if any])		Name or Surname	
David, Kendall			JUNG	
Inventor's Signature			Date	
Residence: City Durham	State NC	Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corp PO Box 13398,	orate Intellectu	al Property Departmen	t, Five Moore Drive	
City Research Triangle Park	State NC	ZIP 27709	Country US	
Name of Additional Joint Inventor, if any:		A petition has been filed	for this unsigned inventor	
Given Name (first and middle [if an	y])	Family	Family Name or Surname	
James, Andrew		LINN		
Inventor's Signature			Date	
Residence: City Durham	State NC	Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, F	ive Moore Dri	ive, PO Box 13398		
City Research Triangle Park	State NC	ZIP 27709	. Country US	
Name of Additional Joint Inventor, if any:		A petition has been filed	for this unsigned inventor	
Given Name (first and middle [if ar	ıy])	Family Name or Surname		
Clark		SEHON		
Inventor's Signature			Date	
Residence: City King of Prussia	State PA	Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, F	Five Moore Dri	ive, PO Box 13398	Country	
Research Triangle Park	NC	27709	us	

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4_of 4		
Name of Additional Joint Inventor, if any:		A petition has been filed fo	r this unsigned inventor	
Given Name (first and middle [if any])	Family N	lame or Surname	
Robert, A.		STA	AVENGER	
Inventor's Signature			, Date	
Residence: City King of Prussia	State PA	Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corpora	te Intellectual P	roperty Department, Five Mo	pore Drive, PO Box 13398,	
City Research Triangle Park	State NC	ZIP 27709	Country US	
Name of Additional Joint Inventor, if any:		A petition has been filed to	or this unsigned inventor	
Given Name (first and middle [if any	y])	Family Name or Surname		
Inventor's Signature Residence: City	State	Country	Date Citizenship	
Residence. City	State	Country	Citizerisinp	
Mailing Address c/o GlaxoSmithKline, Corpo	rate Intellectual	Property Dept., Five Moore	Drive, PO Box 13398	
City	State	ZIP	Country	
Name of Additional Joint Inventor, if any:		A petition has been filed f	for this unsigned inventor	
Given Name (first and middle [if any])		Family	Name or Surname	
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address	L			
City	State	ZIP	Country	

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		Attorney Docket Number	PR60715	USw		
DECLARATION FOR	UTILITY OR	First Named Inventor	David Ha	rold DREWRY		
DESIGN PATENT APPLIC	ATION	COMPLETE IF KNOWN				
(37 CFR 1.6		Application Number				
	eclaration	Filing Date				
Submitted OR Submitted after Initial with Initial Filing (surcharge)	Submitted after Initial Filing (surcharge)	Art Unit				
<u>-</u>	37 CFR 1.16 (e)) equired)	Examiner Name				
I hereby declare that:						
Each inventor's residence, mailing	address, and citizenship	are as stated below next to	their name.			
I believe the inventor(s) named be which a patent is sought on the inv	-	d first inventor(s) of the subje	ct matter which i	s claimed and for		
CHEMICAL COMPOUNDS				•		
L		(Title of the Invention)				
the specification of which					i	
—						
is attached hereto						
OR St. 1 (20 Immunos)	2005		-			
was filed on (28 January 2	2005) as United State	es Application Number or PC	i international			
Application Number PCT/US2	005/003478 and v	vas amended on (MM/DD/YY	YY) (if applicab	le).		
I hereby state that I have reviewed by any amendment specifically ref		ntents of the above identified	specification, inc	cluding the claims, as a	nended	
I acknowledge the duty to disclose In-part applications, material informational filing date of the	mation which became av	ailable between the filing date		-		
I hereby claim foreign priority ber	efits under 35 U.S.C. 1	19(a)-(d) or (f), or 365(b) of a				
or plant breeder's rights certificate the United States of America, list		· ·	•	-		
inventor's or plant breeder's rights						
on which priority is claimed. Prior Foreign Application	Country	Foreign Filing Date	Priority Not	Certified Copy Atta	ched?	
Number(s)		(MM/DD/YYYY)	Claimed	YES N		
į						
Additional foreign application	numbers are listed on a	supplemental priority data sh	neet PTO/SB/02	/B attached hereto:		

[Page 1 of 2]

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DECLARATION	N – Utility or D	esign Patent App	olication
Direct all correspondence to: Custom	ner Number 23347	OR 🗌 C	orrespondence address below
Name			
Address			
City		State	ZIP
Country	Telephone	<u>}</u>	Fax
I hereby declare that all statements made here belief are believed to be true; and further that the like so made are punishable by fine or imprisor jeopardize the validity of the application or any	hese statements were nment, or both, under 1 patent issued thereon.	made with the knowledge to 18 U.S.C. 1001 and that su	that willful false statements and the
NAME OF SOLE OR FIRST INVENTOR:	A petition has	s been filed for this unsigne	ed inventor
Given Name (first and middle [if any])		Family Name Or Surname	
David, Harold		DREWRY	
Inventor's Signature x			Date
Residence: City	State	Country	Citizenship
Durham	NC	US	us
c/o GlaxoSmithKline, Corpora Box 13398 City	state State	I Property Dept, I	Five Moore Drive, PO Country
Research Triangle Park	NC	27709	us
NAME OF SECOND INVENTOR:		s been filed for this unsigne	
Given Name (first and middle [if any])	T T W PERION NA	Family Name Or Surname	
Robert, Neil, III		HUNTER	
Inventor's Signature		<u> </u>	Date
Residence: City	State	Country	Citizenship
Durham	NC	us	us
Mailing Address c/o GlaxoSmithKline, Corpor Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US

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Name of Additional Joint Inventor, if any:		A petition has been filed for	this unsigned inventor	
Given Name (first and middle [if any	·])·	Family Na	ame or Surname	
Robert, A.		STA	VENGER	
Inventor's Signature			Date	
Residence: City King of Prussia	State PA	Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corpora	ite Intellectual P	roperty Department, Five Mo	ore Drive, PO Box 13398,	
City Research Triangle Park	State NC	ZIP 27709	Country US	
Name of Additional Joint Inventor, if any:		A petition has been filed fo	r this unsigned inventor	
Given Name (first and middle [if an	y])	Family Name or Surname		
Inventor's Signature Residence: City	State	Country	Date Citizenship	
			O THE OTHER PROPERTY.	
Mailing Address c/o GlaxoSmithKline, Corpo	·	Property Dept., Five Moore I	Orive, PO Box 13398	
City	State	ZIP	Country	
Name of Additional Joint Inventor, if any:	[A petition has been filed for	or this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	Attorney Docket Number	PR60715	USw
DECLARATION FOR UTILITY OR	First Named Inventor	David Ha	rold DREWRY
DESIGN PATENT APPLICATION	CC	OMPLETE IF KN	IOWN
(37 CFR 1.63)	Application Number		
Declaration Declaration	Filing Date		
Submitted OR Submitted after Initial with Initial Filing (surcharge)	Art Unit		
Filing (37 CFR 1.16 (e)) required)	Examiner Name		
I hereby declare that:			
Each inventor's residence, mailing address, and citizensh	ip are as stated below next to	their name.	
I believe the inventor(s) named below to be the original ar which a patent is sought on the invention entitled:	nd first inventor(s) of the subje	ct matter which i	is claimed and for
CHEMICAL COMPOUNDS			•
	(Title of the Invention)		
the specification of which			
is attached hereto			
OR was filed on (28 January 2005) as United Star	tes Application Number or PC	T International	
			le)
Application Number PCT/US2005/003478 and	was amended on (MM/DD/YY	тт) (паррпсав.	ocj.
I hereby state that I have reviewed and understand the co by any amendment specifically referred to above.	ontents of the above identified	specification, inc	cluding the claims, as amended
I acknowledge the duty to disclose information which is m In-part applications, material information which became a PCT international filing date of the continuation-in-part ap	vailable between the filing dat		_
I hereby claim foreign priority benefits under 35 U.S.C. 1	119(a)-(d) or (f), or 365(b) of a		
or plant breeder's rights certificate(s), or 365(a) of any PC the United States of America, listed below and have als	• •	*	-
inventor's or plant breeder's rights certificate(s), or any Pronounce on which priority is claimed.	CT international application ha	aving a filing date	e before that of the application
Prior Foreign Application Country	Foreign Filing Date	Priority Not	Certified Copy Attached?
Number(s)	(MM/DD/YYYY)	Claimed	YES NO
	:		[]
Additional foreign application numbers are listed on	a supplemental priority data s	heet PTO/SB/02	/B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Atexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION	N – Utility or D	esign Patent App	plication
Direct all correspondence to:	er Number 23347	OR 🗌 C	orrespondence address below
Name	<u> </u>		
Address			
City		State	ZIP
Country	Telephone	! <u></u> _	Fax
I hereby declare that all statements made here belief are believed to be true; and further that the like so made are punishable by fine or imprisor jeopardize the validity of the application or any	hese statements were nment, or both, under 1	made with the knowledge 8 U.S.C. 1001 and that su	that willful false statements and the
NAME OF SOLE OR FIRST INVENTOR:	A petition has	been filed for this unsigne	ed inventor
Given Name (first and middle [if any])		Family Name Or Surname	
David, Harold		DREWRY	
Inventor's Signature x	- "		Date
Residence: City	State	Country	Citizenship
Durham	NC	US	us
c/o GlaxoSmithKline, Corpora Box 13398			
City	State	ZIP	Country
Research Triangle Park	NC	27709	us
NAME OF SECOND INVENTOR:	A petition has	s been filed for this unsign	ed inventor
Given Name (first and middle [if any])	<u> </u>	Family Name Or Surname	
Robert, Neil, III		HUNTER	
Inventor's Signature		1 <u>-</u>	Date
Residence: City	State	Country	Citizenship
Durham	NC	US	้บร
Mailing Address			
c/o GlaxoSmithKline, Corpor Box 13398	ate Intellectua	l Property Dept,	Five Moore Drive, PO
City Research Triangle Park	State NC	ZIP 27709	Country US

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4		
Name of Additional Joint Inventor, if any:] A pet	ition has been filed fo	r this unsigned inventor
Given Name (first and middle [if any])			Family N	ame or Surname
David, Kendall			1	JUNG
Inventor's Signature				Date
Residence: City Durham	State NC		Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Corpo PO Box 13398,	rate Intellect	ual Prop	perty Department,	Five Moore Drive
City Research Triangle Park	State NC		ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		A pet	ition has been filed fo	r this unsigned inventor
Given Name (first and middle [if any]) Family Name			ame or Surname	
James, Andrew		LINN		
Inventor's fames Andrew Signature	Lum			6-28-06 Date
Residence: City Durham	State NC		Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Fiv	•	ive PC		
		146, 1 6		
City Research Triangle Park	State NC		ZIP 27709	US
Name of Additional Joint Inventor, if any:		A pet	ition has been filed fo	r this unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname		
Clark		SEHON		
Inventor's Signature				Date
Residence: City King of Prussia	State PA		Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Fiv	<u>re Moore Dr</u> State	ive, PC	D Box 13398 ZIP	Country
Research Triangle Park	NC		27709	US

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DECLARATION		ADDITION/ Supple	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4_of 4	
Name of Additional Joint Inventor, if any:		A petition has been filed for	this unsigned inventor	
Given Name (first and middle [if any	(1)	Family Na	ly Name or Surname	
Robert, A.		STA	STAVENGER	
Inventor's Signature			Date	
Residence: City King of Prussia	State PA	Country US	Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corpora	ite Intellectual P	roperty Department, Five Mo	ore Drive, PO Box 13398,	
City Research Triangle Park	State NC	ZIP 27709	Country US	
Name of Additional Joint Inventor, if any:		A petition has been filed fo	r this unsigned inventor	
Given Name (first and middle [if an	y])	Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address c/o GlaxoSmithKline, Corpo	rate Intellectual	Property Dept., Five Moore I	Orive, PO Box 13398	
City	State	ZIP	Country	
Name of Additional Joint Inventor, if any:	[A petition has been filed for	or this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname		
· · · · · · · · · · · · · · · · · · ·				
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address	•			
City	State	ZIP	Country	

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		Attorney Docket Number	PR60715	USw		
DECLARATION FOR		First Named Inventor	David Ha	rold DREWRY		
DESIGN PATENT APPLIC		COMPLETE IF KNOWN				
(37 CFR 1.6		Application Number				
Declaration	Declaration	Filing Date				
·	Submitted after Initial Filing (surcharge)	Art Unit				
Filing ((37 CFR 1.16 (e)) required)	Examiner Name				
I hereby declare that:						
Each inventor's residence, mailing) address, and citizensh	ip are as stated below next to	their name.			
I believe the inventor(s) named be which a patent is sought on the inv	·	nd first inventor(s) of the subje	ct matter which i	is claimed and for		
CHEMICAL COMPOUNDS						
		(Title of the Invention)				
the specification of which						
is attached hereto						
OR was filed on (28 January 2	2005) as United Star	tes Application Number or PC	ी International			
Application Number PCT/US2		was amended on (MM/DD/YY		le).		
				,		
I hereby state that I have reviewed by any amendment specifically re		intents of the above identified	specification, in	cluding the claims, as amended		
I acknowledge the duty to disclose	e information which is m	naterial to patentability as defin	ned in 37 CFR 1	.56, including for continuation-		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- In-part applications, material information which became available between the filing date of the prior application and the national or PCT interactional filing date of the continuation is part application.						
PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's						
or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent,						
inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application						
оп which priority is claimed. Prior Foreign Application	Country	Foreign Filing Date	Priority Not	Certified Copy Attached?		
Number(s)		(MM/DD/YYYY)	Claimed	YES NO		
A ddibin = 1 f ! 17 11) propher and live !	a punale se	hant DTC (CC := c			
Additional foreign application	i numbers are listed on	a supplemental priority data s	uee(PTO/28/02	/p attached hereto:		

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 8ox 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DECLARATION** – Utility or Design Patent Application Customer Number 23347 OR Correspondence address below Direct all correspondence to: Name Address ZIP State City Telephone Country Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Family Name Given Name (first and middle [if any]) Or Surname David, Harold DREWRY Inventor's Date Signature Residence: City Citizenship Country State บร Durham NC US Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Dept, Five Moore Drive, PO Box 13398 ZIP City State Country NC Research Triangle Park 27709 US NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]) Or Surname Robert, Neil, III HUNTER Inventor's Date Signature Residence: City State Country Citizenship Durham NC US US Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Dept, Five Moore Drive, PO **Box 13398**

State

NC

ZIP

27709

Country

ŲS

City

Research Triangle Park

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4		
Name of Additional Joint Inventor, if any:] A petit	ion has been filed	for this unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname		
David, Kendall				JUNG
Inventor's Signature	·			Date
Residence: City Durham	State Country NC US		•	Citizenship US
Mailing Address c/o GlaxoSmithKline, Corpo PO Box 13398,	rate Intellectu	ial Prop	erty Departmen	nt, Five Moore Drive
City Research Triangle Park	State NC		ZIP 27709	Country US
Name of Additional Joint Inventor, if any:] A peti	tion has been filed	for this unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname		
James, Andrew		LINN		
Inventor's Signature				Date
Residence: City	State Country		•	Citizenship
Durham	NC		US	US
Mailing Address c/o GlaxoSmithKline, Fiv	<u>ve Moore Dri</u>	ive, PO	Box 13398	
City Research Triangle Park	State NC		ZIP 27709	Country
Name of Additional Joint Inventor, if any:		A peti	tion has been filed	for this unsigned inventor
Given Name (first and middle [if any])		Family Name or Surname		
Clark		SEHON		
Inventor's Signature	2			bate 6/28/06
Residence: City	State Country		Country US	Citizenship
King of Prussia	PA		US	US
Mailing Address c/o GlaxoSmithKline, Fiv	1	ive, PO		
City Research Triangle Park	State ZIP NC 27709		ZIP 27709	Country US
Transmin India			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. ADDITIONAL INVENTOR(S) **DECLARATION** Supplemental Sheet Page <u>4</u> of <u>4</u> Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname **STAVENGER** Robert, A. Inventor's Date Signature Citizenship Country Residence: City State King of Prussia PA US US Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398, City State ZIP Country 27709 US Research Triangle Park NC Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Date Signature Residence: City State Country Citizenship Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Dept., Five Moore Drive, PO Box 13398 ZiP City Country State Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname inventor's Signature Date Residence: City Citizenship State Country Mailing Address City State ZIP Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (08-03)
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Attomory Docket Number DDC0745HCw

		Attorney Docket Number	PR60/15	UOW		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Inventor	David Ha	rold DREWR	Υ	
		COMPLETE IF KNOWN				
		Application Number				
Declaration	Declaration	Filing Date				
Submitted OR with Initial	Submitted after Initial Filing (surcharge)	Art Unit		·	·	
Filing	(37 CFR 1.16 (e)) required)	Examiner Name				
I hereby declare that:						
Each inventor's residence, mail	ing address, and citizensh	nip are as stated below next to	their name.			
I believe the inventor(s) named	below to be the original a	nd first inventor(s) of the subje	ct matter which i	s claimed and for		
which a patent is sought on the	_					
CHEMICAL COMPOUNDS				•		
					1	
		(Title of the Invention)	,			
the specification of which						
is attached hereto						
OR						
was filed on (28 Januar	y 2005) as United Sta	ites Application Number or PC	T International			
Application Number PCT/US	S2005/003478 and	was amended on (MM/DD/YY	'YY) (if applicab	le).		
I hereby state that I have review by any amendment specifically		oπtents of the above identified	specification, in	cluding the claims	s, as amended	
I acknowledge the duty to discl In-part applications, material in PCT international filing date of	formation which became	available between the filing dat		•		
I hereby claim foreign priority l	benefits under 35 U.S.C.	119(a)-(d) or (f), or 365(b) of a				
or plant breeder's rights certification the United States of America,	•	• •	-		-	
inventor's or plant breeder's rig on which priority is claimed.	phts certificate(s), or any F	PCT international application ha	aving a filing date	e before that of th	e application	
Prior Foreign Application	Country	Foreign Filing Date	Priority Not	Certified Cop		
Number(s)		(MM/DD/YYYY)	Claimed	YES	NO	
•						
Additional foreign applicat	tion numbers are listed on	a supplemental priority data s	heet PTO/SB/02	//B altached heret	 ::o:	

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION	- Utility or De	esign Patent App	lication
Direct all correspondence to: Custome	er Number 23347	OR 🔲 Co	orrespondence address below
Name		-	
Address			
City		State	ZIP
Country	Telephone	L	Fax
I hereby declare that all statements made herein belief are believed to be true; and further that the like so made are punishable by fine or imprisons jeopardize the validity of the application or any p	ese statements were r ment, or both, under 1	made with the knowledge t I 8 U.S.C. 1001 and that su	that willful false statements and the
NAME OF SOLE OR FIRST INVENTOR:	A petition has	s been filed for this unsigne	ed inventor
Given Name (first and middle [if any])		Family Name Or Surname	
David, Harold		DREWRY	
Inventor's Signature x			Date
Residence: City	State	Country	Citizenship
Durham	NC	บร	us
c/o GlaxoSmithKline, Corpora Box 13398 City	state	l Property Dept, F	Five Moore Drive, PO Country
Research Triangle Park	NC	27709	US
NAME OF SECOND INVENTOR:			
Given Name (first and middle [if any]) Robert, Neil, III	T — whermon has	Family Name Or Surname HUNTER	od myontor .
			
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Durham	NC	US	US
Mailing Address c/o GlaxoSmithKline, Corpora Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u>		
Name of Additional Joint Inventor, if any:		A petition has been filed fo	r this unsigned inventor	
Given Name (first and middle [if any])		Family N	ame or Surname	
David, Kendall			JUNG	
Inventor's Signature			Date	
Residence: City Durham	State Country NC US		Citizenship US	
Mailing Address c/o GlaxoSmithKline, Corpo PO Box 13398,	rate Intellectu	ial Property Department,	Five Moore Drive	
City Research Triangle Park	State NC	ZIP 27709	Country US	
Name of Additional Joint Inventor, if any:		A petition has been filed for	r this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname		
James, Andrew	;	LINN		
Inventor's Signature			Date	
Residence: City	State Country		Citizenship	
Durham	NC US US			
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Given Name (first and middle [if any])		Family Name or Surname		
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>4</u>		
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Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
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